



AFFIDAVIT OF EXPERIENCE

(Time frame cannot exceed 24 months per affidavit)
Update fee of \$44.90 required if not submitted with renewal

Please read this information before completing the affidavit form below:

- There can be no errors, whiteouts, alterations or additions on this form and you must submit the original. Print clearly.
- The department cannot credit hours worked during any times that the electrical training certificate or electrical contractor license were not active. Do not report any such hours on the affidavit. Each time frame requires a separate affidavit.
- An affidavit needs to be filled out for each continuous time frame of hours worked. If the trainee stops doing electrical work for any period of time, that time frame ends and a new one begins. Each time frame requires a separate affidavit.
- See WAC 296-46B-920 about scope-of-work for electrical specialties. All training hours must be separated and submitted in the proper category.
- Work in the (01) category requires supervision by a (01) journeyman electrician in a ratio of 1 electrician to 1 trainee.
- Work in the specialty categories requires supervision by a journeyman or specialty electrician in a ratio of 1 electrician to 2 trainees.
- If the experience is from out of state you must provide verification of your experience as defined in WAC 296-46B-945 (5-8).
- Electrical training hours gained in specialties requiring less than 4,000 hours (2 years) for certification may not be credited toward qualification for journeyman electrician. See WAC 296-46B Table 945-1 for details.

I _____ affirm and certify that
PRINT name of Administrator/Master Electrician, Authorized Electrical Contractor's Representative or approved Training Director
has worked in Washington as an employee of

PRINT name of trainee Training Certificate or Social Security No.
performing electrical installations inspected

PRINT name of company or training program UBI or license number
under RCW 19.28 continuously from _____ to _____ and that the work was performed
Month Day Year Month Day Year
with ☐ 75% or ☐ 100% direct supervision under a Washington certified journeyman, master or specialty electrician,
in the category and the number of hours indicated below.

Hours	Category	Hours	Category
_____	(01) (General) Commercial/New Industrial	_____	(07) Nonresidential Maintenance
_____	(02) Residential	_____	(07A) Nonresidential Lighting Maintenance
_____	(03) Pump and Irrigation	_____	(07B) Residential Maintenance
_____	(03A) Domestic Well	_____	(07C) Restricted Nonresidential Maintenance
_____	(04) Signs	_____	(07D) Appliance Repair
_____	(06) Limited Energy System	_____	(07E) Equipment Repair
_____	(06A) HVAC/refrigeration Limited Energy	_____	(10) Door, Gate, and Similar Systems
_____	(06B) HVAC/refrigeration - Restricted		

I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge. I acknowledge that the department may issue citations for false statements or material misrepresentation, per RCW 19.28 & WAC 296-46B.

Date _____ Signature of Administrator/Master Electrician, Authorized Electrical Contractor's Representative or approved Training Director

Signature must be notarized

Notary
Seal

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE	MY COMMISSION EXPIRES ON
NOTARY PUBLIC IN AND FOR THE STATE OF	RESIDING AT

Notary signature

I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge and request that these hours be credited to my electrical training file. I acknowledge that the department may deny this affidavit, issue citation, and subtract up to 2000 hours from my total hours of experience, if I make a false statement or misrepresent the hours on this affidavit, per RCW 19.28 & WAC 296-46B.

Date _____ Signature of Applicant

Signature must be notarized

Notary
Seal

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE	MY COMMISSION EXPIRES ON
NOTARY PUBLIC IN AND FOR THE STATE OF	RESIDING AT

Notary signature

Approved ☐ Yes ☐ No Reason Code _____ Lapse _____ From _____ To _____ A/C _____ Initials _____ Date _____